

Appl. No. 10/037,977
Amdt. Dated: November 10, 2005



PATENT
DOCKET NO. 1273 CIPCONFWCCON 3
(203-589CIPCONFWCCONIII)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: David A. Nicholas, et al. **EXAMINER:** Sarah K Webb
SERIAL NO.: 10/037,977 **ART UNIT:** 3731
FILED: November 9, 2001 **DATED:** November 10, 2005
FOR: **ARTICULATING ENDOSCOPIC SURGICAL APPARATUS**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

Prior to examination, please amend the above-identified application as follows.

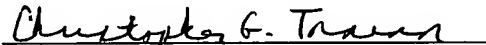
Amendments to Claims are reflected in the listing of claims beginning on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EV272657199US addressed to: Mail Stop: RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 10, 2005.

Dated: November 10, 2005


Christopher G. Trainor



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Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. §1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity under 37 C.F.R. §1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

For	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate (Small Entity)	Addit. Fee	Rate	Addit. Fee
TOTAL CLAIMS*	10	56	0	x 25 =	\$0	x 50 =	\$0
INDEPENDENT CLAIMS	1	3	0	X 100 =	\$0	x 200 =	\$0
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				180		+ 360	\$0

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.10

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Dated: November 10, 2005

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[X] Please charge Deposit Account No. 21-0550 in the amount of \$ 790.00. Two (2) copies of this sheet are enclosed.

[] A check in the amount of \$ _____ is enclosed.

[X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. "1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,

Christopher G. Trainor

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